

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10815 (97) FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4	1					
5	1					
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50						
TOTAL IND.	1					
TOTAL DEP.	4	←	←	←	←	
TOTAL CLAIMS	5	1234567890	1234567890	1234567890	1234567890	1234567890

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.						
TOTAL DEP.	←	←	←	←	←	
TOTAL CLAIMS	1234567890	1234567890	1234567890	1234567890	1234567890	1234567890